

Name/Address Change Form

<i>Fax To: Licensing Office</i>	<i>From:</i>
<i>Vermont Department of Education</i>	
<i>Fax Number: (802) 828-5107</i>	
<i>Date: _____</i>	
<i>Re: Name/Address Change</i>	

ILLEGIBLE CHANGE FORMS WILL NOT BE PROCESSED.

First Name on file: _____ **Last Name on file:** _____

Last four digits of Social Security # XXX- XX- _____
(Changes cannot be made without this number)

Any previous name(s) under which you may have been licensed in the past _____

I authorize the Licensing Office to make the following changes in my permanent file.

Signed _____ **Date** _____

☐ Change my name to: _____
First MI Last Name

☐ Change my address to: _____

Mailing Address:
Licensing Office
Vermont Department of Education
120 State Street
Montpelier, VT 05620-2501